



STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**



For filing with Ecology or with County Conservancy Boards

**A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CHANGE No. CS3-28788 WRIA 26

DATE ACCEPTED 6/26/03 BY Kay

FEE \$ 10.00 REC'D 4/4/03

CHECK No. 135947

SEPA: ☒ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

APPLICANT/BUSINESS NAME City of Pasco	PHONE NO. (509) 545-3444	FAX NO. (509) 545-3499
ADDRESS P.O. Box 293		
CITY Pasco	STATE WA	ZIP CODE 99301

CONTACT NAME (IF DIFFERENT FROM ABOVE) Robert J. Alberts, Public Works Director	PHONE NO. (509) 545-3444	FAX NO. (509) 545-3499
ADDRESS P.O. Box 293		
CITY Pasco	STATE WA	ZIP CODE 99301

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER S3-28788C	RECORDED NAME(S) City of Pasco
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
River Irrigation Intake			W2	18	9 N	29 E	118-221-111	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
River Irrigation Intake	1		W2	18	9 N	29 E	118-221-111	
4 Wells Well Field	2	NE	NW	18	9 N	29 E	118-180-022	
WTP Intake	3	SW	NE	31	9 N	30 E	N/A (in river)	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
EXISTING: ☒ YES ☐ NO      PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

4. FCID Intake  
(Key 9-15-04)

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.31 CFS	56	January 1 to December 31

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<del>Same</del>			
Municipal Supply 9-15-2004 conv. w/ Doyle Heath City of Pasco Kauferbach			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  
That portion of the W½ NW¼SW¼ of Section 16, T. 9 N., R. 29 E.W.M. lying Northerly of Franklin County Irrigation District No.1 canal right of way, records of Franklin County, Washington

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	SW	16	9 N	29 E	Franklin	118-221-111	14

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE?    ☐ YES    ☒ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:  
Area served by the City of Pasco Irrigation Service Boundary

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Franklin		

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?    ☐ YES    ☐ NO – IF NO, PROVIDE OWNER(S) NAME:



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):  
Municipal water rights for the City of Pasco covering “Area Served By The City of Pasco”.

6. Remarks and Other Relevant Information:

Existing source location: (River Irrigation Intake): 1600 feet south and 500 feet east from the Northwest corner of Section 18, T. 9 N., R. 29 E.W.M.;
Additional source locations: (Road 108 Well Field): 1140 feet north and 80 feet west of the North ¼ corner of Section 18, T. 9 N., R. 29 E.W.M.; (WTP Intake); 500 feet north and 600 feet east of the center of Section 31, T. 9 N., R. 30 E.W.M.
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Robert J. Albert</u> (Applicant)	<u>4/1/03</u> (Date)
<u>Robert J. Albert</u> (Water Right Holder)	<u>4/1/03</u> (Date)
<u>Robert J. Albert</u> (Land Owner(s) of Existing Place of Use)	<u>4/1/03</u> (Date)

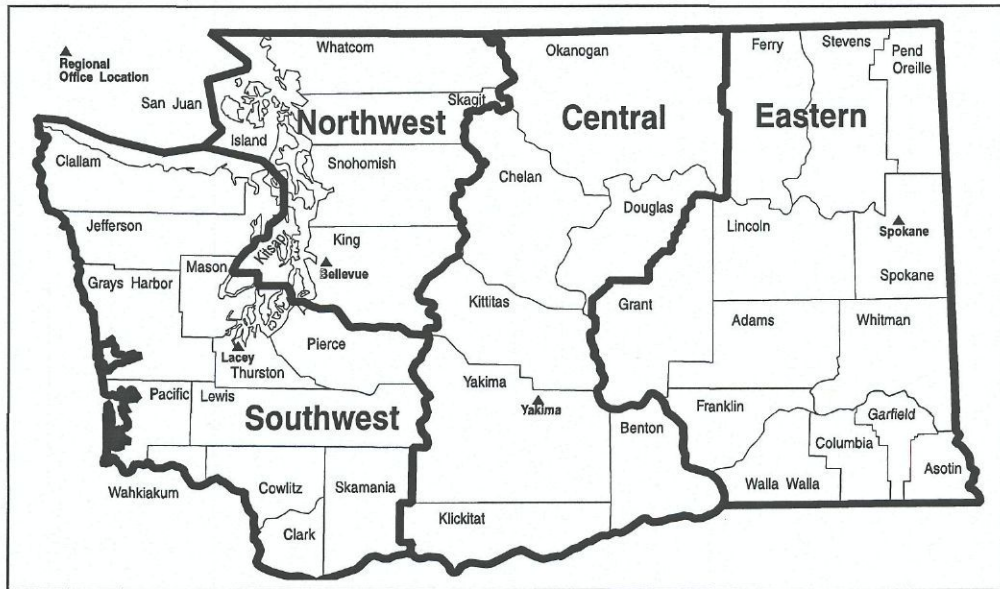
IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |
| STAFF: _____  | DATE: ____/____/____                                    |

## IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology  
Central Regional Office  
15 W. Yakima Avenue, Suite 200  
Yakima, WA 98902  
Telephone: (509) 575-2490

Department of Ecology  
Eastern Regional Office  
N. 4601 Monroe, Suite 202  
Spokane, WA 99205-1295  
Telephone: (509) 456-2926

Department of Ecology  
Northwest Regional Office  
3190 – 160<sup>th</sup> Avenue SE  
Bellevue, WA 98008-5452  
Telephone: (425) 649-7000

Department of Ecology  
Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775  
Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

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